

SecureLife Plus

Policy Specifications

FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY

Policy Form No. 10-9881 (AA, OL, PA, PS)

Policy Form No. FPUL102 (IAA)

Agent Guide

All products and riders not available in all states. Please check the State Approval Grid under “**State Approvals**” on the Company website or check with the Home Office Marketing Sales Team at 800-736-7311 (menu extension 112) for approvals.

FOR AGENT USE ONLY

SecureLife Plus Specifications

Plan Description

SecureLife Plus is a universal life policy that allows you flexibility to build substantial, tax-deferred cash value over time. It also provides a 20 year no-lapse guarantee. As long as your client pays the minimum premium, the policy will not lapse during the no-lapse period, regardless of changes to the policy's cash value.

Issue Ages (Age Last Birthday)

0 - 80 Non-Tobacco
18-80 Preferred Non-Tobacco
18-80 Tobacco

Minimum Issue Amount

\$10,000 Standard
\$25,000 Washington Standard
\$100,000 Preferred

Maximum Issue Amount

No stated maximum. Maximum face is determined by reinsurance treaty and Proposed Insured's medical and financial qualifications.

Death Benefit Options

- Option 1: A level death benefit providing the face amount only
- Option 2: An increasing death benefit providing the face amount PLUS the policy value

Interest Rate

Guaranteed annual credited interest rate 3.0%

Modal Factors

Annual, Semi-Annual, Quarterly and Monthly bank draft are available (no modal factors).

Policy Fee

\$84 annually (Commissionable)

No Lapse Guarantee

As long as the minimum premium amount is paid, the SecureLife Plus No-Lapse Guarantee offers guaranteed protection for 20 years or to age 90, whichever is less. For example, if you are 75 at the time the policy is purchased, the guarantee will last for 15 years.

Partial Withdrawals

Partial withdrawals are available after the first policy year. There is no minimum partial withdrawal. The first withdrawal in a policy year will not incur an administrative fee. A \$25.00 fee will be charged for each additional partial withdrawal. A pro rata surrender charge will be deducted from the policy value at the time of any partial withdrawal based on the resulting reduction in the face amount.

Surrender Charge

A surrender charge will be applied during the first fifteen (15) policy years and will be deducted from the policy value if the policy is surrendered, in whole or in part, or if the face amount is decreased. There are surrender charges for male tobacco and non-tobacco and female tobacco and non-tobacco.

Policy Loan

Policy loans are available any time, but cannot exceed the policy value minus any surrender charge as of the date of the loan. The policy loan interest rate is 8% payable in arrears.

SecureLife Plus Specifications

Benefits and Riders

- Accelerated Benefit Endorsement - no additional premium for this benefit
- Waiver of Surrender Charge Endorsement - no additional premium for this benefit
- Waiver of Specified Premium Benefit Rider
- Accidental Death Benefit Rider
- Children's Insured Benefit Rider
- Term Insurance Benefit Rider
- Additional Insured Benefit Rider
- Waiver of Monthly Deduction Benefit Rider

Required Forms

- Application - *Form No. 9883 (AA, OL, PA, PS); UL201 (IAA) (with state exceptions)*
- Life Illustration Acknowledgment Form - *Form No. 9113* or a copy of the Illustration completed at point-of-sale. Either the Life Illustration Acknowledgment form or a copy of the Illustration signed by the Applicant must be submitted to the Home Office with the application as per individual state insurance illustration regulations.
- Accelerated Benefit Disclosure - *Form No. 9888 (AA, OL, PA, PS) (leave with applicant at point-of-sale); AB501 (IAA)* must be signed and submitted with the application, if available.
- HIPAA Compliant Authorization for the Release of Medical Records - *Form No. 9526*
- Notice and Consent for HIV-Related Testing form - *State Specific Form*
- Additional Insured Application - *Form No. 9901*
- Replacement Form - Complete all replacement requirements as per individual state insurance replacement regulations.
- Juvenile Questionnaire - (*Form No. 9825*) required on all applications with issue ages 0-17.

Forms can be found on the Company website under the "Order Supplies" tab.

Benefits and Riders

20 Year No-Lapse Guarantee

The SecureLife Plus 20 year no-lapse guarantee is included automatically at issue with no additional cost. As long as the minimum premium is paid, the policy is guaranteed to remain in force for the entire guarantee period. The guarantee period for every SecureLife Plus policy is the lesser of the 20 years or until age 90 is attained. The guarantee period is reduced for issue ages 71-80 (see the table below).

Issue Age	Guarantee Period	Issue Age	Guarantee Period	Issue Age	Guarantee Period
0-70	20	74	16	78	12
71	19	75	15	79	11
72	18	76	14	80	10
73	17	77	13		

Interest Rate Bonuses

Prior to each Policy Month after the fourth Policy Anniversary, an effective annual bonus interest rate is calculated according to the following table:

Declared Interest Rate	Bonus Interest Rate
3% to 4%	0%
5%	0.75%
6%	1.25%
7%	1.75%
8%	2.25%
over 8%	2.25%

Benefits and Riders

Accelerated Benefit Endorsement - Policy Form No. 9887 (AA, OL, PA, PS); AB402 (IAA) ***No Additional Premium***

With this benefit (where available) the Insured can receive up to 75% or \$100,000 (whichever is less) of the death benefit of the policy if diagnosed as terminally ill.

Waiver of Surrender Charge Endorsement - Policy Form No. 9893 (AA, OL, PA, PS); WSC401 (IAA)

After the first year, if the insured resides in a nursing home, they can withdraw some of the cash value without any surrender charge. Only one surrender charge waived per policy year. Waiver applies to the first 25% of the policy value withdrawn. Further withdrawals are subject to surrender charges.

Accidental Death Benefit Rider - Policy Form No. 9892 (AA, OL, PA, PS); ADB301 (IAA)

- Issue Ages: 0 - 60
- Maximum Amount: The lesser of: \$150,000 or the face amount of the policy.

This benefit is paid to the beneficiary upon receipt of written proof that the insured died from an accident, which is defined as an unforeseen and unintended event that is not the result of any fault or misconduct on the part of the insured. The death must occur within 365 days of the accident and while the rider is in force. Death cannot be caused or contributed to by, either directly or indirectly, any physical or mental illness or disease or treatment for the illness or disease. The rider automatically terminates at the policy anniversary nearest the insured's 65th birthday.

<i>Annual Premium Rates Per \$1,000</i>											
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
0-45	\$1.00	48	\$1.15	51	\$1.30	54	\$1.45	57	\$1.60	60	\$1.75
46	\$1.05	49	\$1.20	52	\$1.35	55	\$1.50	58	\$1.65		
47	\$1.10	50	\$1.25	53	\$1.40	56	\$1.55	59	\$1.70		

Children's Insured Benefit Rider - Policy Form No. 9886 (AA, OL, PA, PS); CIB301 (IAA)

- Children's Issue Age: 15 days to 18 years
- Primary Insured Age Limit: 15 to 55 years
- Minimum Amount: \$2,000 (2 Units)
- Maximum Face Amount: \$25,000 (25 Units)
- Premium: \$6.50 Annually per \$1,000 (Per Unit)

For each unit purchased under this rider, \$1,000 of term insurance is provided on the life of every insured child. An insured child means a child of the insured, a child of the insured's spouse, a child legally adopted by the insured whose name is on the application or who was born or legally adopted after the date on which the application was signed. The rider automatically terminates at the child's 25th birthday. If the insured dies while the rider is in force, the children's benefit will become fully paid-up. The benefit may be converted to an individual policy on the child before their 25th birthday, up to 5 times the death benefit amount or \$50,000, whichever is less, without evidence of insurability.

Term Insurance Benefit Rider - Policy Form No. 9884 (AA, OL, PA, PS); TI301 (IAA)

Additional Insured Benefit Rider - Policy Form No. 9885 (AA, OL, PA, PS); AIB301 (IAA)

- Two Options: Term 10 years - Term 20 years
- Issue Ages for Term 10: Non-Tobacco: 0 - 60 • Preferred Non-Tobacco: 18-60 • Tobacco: 18-60
- Issue Ages for Term 20: Non-Tobacco: 0 - 50 • Preferred Non-Tobacco: 18-50 • Tobacco: 18-50
- Minimum Amount: Standard: \$10,000 • Preferred: \$100,000
- Maximum Amount: 3x the base policy
- Complete Additional Insured Application when applying for the Additional Insured Benefit Rider

Term insurance is available for the primary insured and the Additional Insured benefit is available for up to four additional insureds. This is a simple way to obtain short term security. Benefits can help pay off mortgages and other outstanding debts in the event of a premature death. Additional Insured benefit riders can also insure a client's spouse or business partner. Premiums remain level for the full duration of the term and the rider can be converted to a new policy on the life of the insured prior to age 65 without evidence of insurability.

Benefits and Riders

Waiver of Monthly Deduction Benefit Rider - Policy Form No. 9891 (AA, OL, PA, PS); WMD301 (IAA)

- Issue Age: 18-55
- Waiting Period: 4 Months
- Premium: Run Illustration to obtain premium. Contact Agent Hotline if any questions (800-736-7311 ext 112)

This Rider provides that the standard monthly fees deducted by the company will be waived retroactively from the date of total disability* after four months of total disability provided that the total disability occurred before the insured's 60th birthday. This rider automatically terminates when the policy terminates or on the date of the insured's 60th birthday.

Waiver of Specified Premium Benefit Rider - Policy Form No. 9890 (AA, OL, PA, PS); WSP301 (IAA)

- Issue Age: 18-55
- Waiting Period: 4 Months
- Minimum Amount: No less than the required minimum premium
- Maximum Face Amount: The lesser of \$400 monthly or the monthly equivalent of the current planned periodic premium

This rider provides that upon written proof of total disability*, the selected premium will be waived. This benefit amount will be credited to the policy value and will have the same effect on the policy value as if it had been paid on the monthly anniversary. Premiums may continue to be paid while a benefit is being paid under the terms of this rider. This rider will automatically terminate when the policy terminates or on the date of the insured's 60th birthday.

Either the Waiver of Monthly Deduction Benefit Rider or Waiver of Specified Premium Rider can be chosen, but not both.

Rates Per \$100 To Be Waived											
Age	Male		Age	Male		Age	Female		Age	Female	
	NS	S		NS	S		NS	S		NS	S
18	2.85	3.22	37	4.06	4.65	18	3.91	4.20	37	5.50	6.30
19	2.90	3.27	38	4.22	4.84	19	3.97	4.26	38	5.66	6.48
20	2.94	3.32	39	4.40	5.04	20	4.02	4.30	39	5.84	6.79
21	2.95	3.33	40	4.60	5.26	21	4.05	4.31	40	6.01	7.10
22	2.97	3.35	41	4.81	5.54	22	4.08	4.32	41	6.17	7.21
23	3.00	3.36	42	5.02	5.89	23	4.11	4.34	42	6.34	7.44
24	3.04	3.37	43	5.25	6.26	24	4.14	4.35	43	6.51	7.76
25	3.08	3.38	44	5.48	6.58	25	4.17	4.44	44	6.68	8.02
26	3.10	3.39	45	5.73	6.94	26	4.22	4.54	45	6.87	8.32
27	3.11	3.41	46	6.00	7.39	27	4.27	4.65	46	7.04	8.67
28	3.17	3.47	47	6.28	7.76	28	4.35	4.82	47	7.22	8.92
29	3.29	3.56	48	6.56	8.03	29	4.44	4.99	48	7.38	9.09
30	3.38	3.64	49	6.85	8.41	30	4.54	5.13	49	7.54	9.30
31	3.46	3.70	50	7.14	8.76	31	4.66	5.25	50	7.68	9.46
32	3.52	3.78	51	7.43	9.04	32	4.79	5.36	51	7.81	9.66
33	3.57	3.93	52	7.72	9.35	33	4.93	5.51	52	7.93	9.88
34	3.65	4.12	53	8.04	9.69	34	5.04	5.70	53	8.07	10.12
35	3.77	4.32	54	8.38	10.05	35	5.16	5.93	54	8.22	10.36
36	3.91	4.48	55	8.77	10.43	36	5.34	6.13	55	8.39	10.65

**Total disability means a total and continuous inability to perform every duty of any occupation for which the Insured is reasonably suited by reason of education, training or experience, caused by an injury or sickness for which the Insured requires the regular care and personal attendance of a licensed physician. (This definition may vary in some states.)*

Illustrations

Product Software

An NAIC Illustration is required for the sale. Presentation software is available on the Company websites. When running a SecureLife Plus illustration, several custom options are available to choose from. Four options that impact the amount of premium and the term of the policy are explained below. A SecureLife Plus benefit can last through age 120 at the current interest rate.

Premium Payment Options

When choosing an option, consider the length of time your client wants their policy to last. A SecureLife Plus policy can be issued for as little as 20 years or as great as age 120. The following premium payment options are available:

- Minimum – Coverage for 20 years or to age 90, whichever is less. See the 20-Year No-Lapse Guarantee section on page 3 for more details
- Target – Coverage for approximately five years past average life expectancy*
- Custom – Allows a choice of coverage options for a specific age up to age 120
- Guideline Level Premium – Provides an increasing death benefit and cash value up to the maximum tax-advantaged amount allowed by the IRS

**Average life expectancy is based on current mortality tables.*

Death Benefit Options

Option 1: Level

A level death benefit that does not vary. At the time of death, this option pays the face amount of the policy. This option is good for a client who wants the benefit of a permanent life policy and the choice to use the cash value account as a safety net to cover premium payments, should that become necessary at some point in the life of the policy.

Option 2: Increasing

An increasing death benefit grows as the policy's cash value grows. At the time of death, this option pays the face amount plus the cash value of the policy. This option is good for a client who wants both the benefit of a permanent life policy and a death benefit that includes the accumulated cash value.

Mature or Endow

These options can be selected under the Custom premium option window on the illustration input options page.

Mature

The mature option allows a level death benefit to be extended to the age of the client's choice, up to age 120.

Endow

When an insurance policy's cash value equals the initial death benefit, it is said to endow. When choosing this illustration option, the death benefit chosen will impact the results as follows:

- With the level death benefit option chosen, the illustration will match the cash value with the face amount to age 100.
- With the increasing death benefit option chosen, the illustration will match the cash value with the increasing face amount to a specified age. This age can be specified up to age 120.

Some reasons for endowing a policy include:

- A desire to grow the cash value account as much as possible.
- A desire to fund the policy at a greater rate early on so the cash value can make the premium payments for the client at a later time, such as after retirement.
- If at the age of endowment, the client no longer needs the death benefit, they can surrender the policy and be paid out the cash value.
- Should your client survive the life of the policy, the owner will receive the accumulated cash value which is equal to the face amount.

Underwriting

Categories

Type	Face Amount Required	Issue Ages
Male or Female, Preferred, Non-Tobacco	\$100,000	18-80
Male or Female, Standard, Non-Tobacco	\$10,000	0-80
Male or Female, Tobacco	\$10,000	18-80

Requirements

General Instructions to Determine the Amount of Risk:

The amount of risk equals:

- 1) the amount applied for, PLUS:
- 2) the total amount issued on a non-medical basis in the past two years.

Age	Up to \$99,999	\$100,000 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$1,999,999
18-40	NM	P#	P#	P#	PE#
41-50	NM	P#	P#	PE#	PE#
51-60	P	P#	PE#	PE#	P#
61-65	P	PE#	PE#	P#	P#
66+	APS	APS	APS	P# APS	P# APS

Contact the home office for risk of \$2,000,000 or above.

- Ages 0-17 - Face Amount less than \$100,000.00 = Non-Medical with a Juvenile Questionnaire
- Ages 0-17 - Face Amount equal to or greater than \$100,000.00 = Juvenile Questionnaire and requirements at underwriter's discretion

Acronyms:

NM = Non-Medical / Oral fluid test¹ in CA, CT, FL and ME

P = Paramedical examination with urine specimen

E = Electrocardiogram

= Full Blood Profile

APS = Attending Physician's Statement

- APS requirements will be ordered by Home Office.
- Telephone inspection reports are required on all cases of \$1,000,000 or more will be ordered by Home Office.
- A motor vehicle report (MVR) required on all cases \$1,000,000 or more, all preferred cases, and when applying for ADB will be ordered by Home Office.
- A check with MIB and pharmaceutical related facility will be ordered on all applications.
- An HIV consent form must be signed by all clients that require blood testing and oral fluid testing. The Company reserves the right to request additional requirements or other evidence.

¹An oral fluid test, administered by the agent, is required in the states of California, Connecticut, Florida and Maine. To obtain kits, please contact the home office at 1-800-736-7311, option 1,1,1. Agents must complete oral fluid collection training prior to use of the kits. Training is available at www.examone.com.

Height and Weight Table (This table applies to both men and women)								
Height	Preferred	Standard	Height	Preferred	Standard	Height	Preferred	Standard
4'8"	144	161	5'4"	188	210	6'	238	265
4'9"	149	166	5'5"	194	216	6'1"	245	273
4'10"	154	172	5'6"	200	223	6'2"	251	280
4'11"	160	178	5'7"	206	230	6'3"	258	288
5'	165	184	5'8"	212	237	6'4"	265	296
5'1"	171	191	5'9"	219	244	6'5"	272	304
5'2"	177	197	5'10"	225	251	6'6"	279	312
5'3"	182	203	5'11"	231	258	6'7"	287	320

Underwriting

Exam Ordering Procedures

A paramedical exam is required on Proposed Insured's that meet the exam limits based on age and amount of coverage applied for.

If an Agent prefers to order an exam, they should note on the application that an exam has been ordered and the exam company name. This will allow us to follow-up with the paramedical facility. However, the Underwriting Department will order the paramedical exam if not completed by the Agent. It is still important that the Agent prepare the Proposed Insured for an exam by advising them that a representative from a paramedical facility will be calling to schedule a convenient time and location to conduct the exam. Below are approved exam companies:

APPS	800-727-2999	www.appsnational.com
ExamOne	877-93-exam1	www.examone.com
EMSI	800-872-3674	www.emsinet.com
Portamedic	888-856-7850	www.portamedic.com
Superior Mobile Medics	800-898-3926	www.superiormobilemedics.com

Please contact the Underwriting Department for international business.

Where does the insurance company get its information?

An insurance company gathers information from several sources:

The application: The basic source of underwriting information is from the completed application for life insurance. The questions on the application are designed to give the insurer much of the information needed to make a decision. The Company will then either accept the application, offer insurance at a certain rate, seek additional information or decline the request for coverage.

Investigations: In some cases, an insurer may request a report from an independent company that specializes in the investigation of personal matters. This inspection report may provide the insurer with a wide range of personal information about the Proposed Insured above and beyond what is on the application.

Prescription Database: To assist in the evaluation of the application for life coverage, a prescription search will be done. The database includes a record of prescription transactions. The insurer reviews information to evaluate the Proposed Insured's medical history.

Information Bureaus: In addition to an inspection report, the insurer may seek information from one of the cooperative information bureaus the insurance industry supports. The best known example is the Medical Information Bureau (MIB), which maintains centralized files on the physical condition of individuals who have applied for life insurance with member companies.

Physical examinations: In life insurance, one of the primary factors in assessing risk is one's health. So it's no surprise that one of the most important sources of underwriting information is a physical exam. After examining the Proposed Insured, a paramedical examiner supplies the Company with a detailed medical report. This report generally tells the Company all they need to know about the Proposed Insured's personal health.

What is the purpose of the underwriting process?

In a nutshell, the purpose of life insurance underwriting is to spread risk among a pool of insured lives in a manner that is fair to each Proposed Insured. It is not wise for the Company to charge all their policyholders the same premium. Underwriting enables the Company to evaluate Proposed Insured's and to charge the appropriate premiums that are commensurate with their level of risk.

Preferred Underwriting

Preferred underwriting is not offered to applicants under the age of 18.

To be eligible for Preferred class, the person to be insured must answer NO to the following questions:

Have you used tobacco or nicotine products in the past 36 months?

Using the Height and Weight Table on page 7, does your weight exceed the maximum weight corresponding to your height indicated in the Preferred column?

In the past 10 years, have you taken medication to treat high blood pressure or an elevated cholesterol level?

In the past 10 years, have you had, been tested for, received treatment or been told by a medical professional that you have diabetes, cancer or cardiac disease (heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis or coronary artery disease)?

Has more than one member of your family (father, mother, brother or sister) died before age 60 from breast, colon, intestinal or prostate cancer, or from cardiovascular disease (heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis or coronary artery disease)?

In the past 10 years, have you been treated for alcohol abuse?

In the past 10 years, have you been treated for drug abuse or used any drugs not prescribed to you?

In the past five years, have you had more than two moving motor vehicle violations or any DUI/DWI convictions?

In the past five years, have you been convicted of a felony or misdemeanor?

Application Completion

Bank Draft Procedures

Draft First Premium Once Policy is Approved:

- 1) Complete the Bank Authorization Form on page 8 of the application. Please specify a Requested Draft Date, if one is desired.
 - (a) Drafts cannot occur more than 30 days in advance of the application date.
 - (b) Drafts cannot be on the 29th, 30th or 31st of the month.
 - (c) Drafts cannot occur more than 10 days into the grace period.
- 2) A copy of a void check or deposit slip must accompany the application. If one is not available or if they have a bank account, but only use a debit card, then you must also submit a Bank Account Verification (Either Form No. 9724 or the Bank Account Verification Section of Form 9903). (If a debit card is used, locate a bank statement to obtain the actual account number and not the number of the debit card.)

Immediate Draft for Cash with Application (CWA) using e-Check:

- 1) In addition to items 1 & 2 above, complete the e-Check Authorization (Either Form No. 9409 or the E-Check Bank Draft Authorization Section of Form 9903). With the use of this form, the Company will draft for the 1st premium upon receipt of the application.
- 2) When the application is approved, the premium will be applied. Future drafts will be based on the next premium due date and the requested draft date.

Third Party Payor

The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving "Third Party Payors". This is defined as a premium payor other than the primary insured, the spouse, business or business partner (regardless of the mode of payment). Examples of "Third Party Payors" include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins when the Proposed Insured is age 30 or older. As a result of the issues related to this situation, we DO NOT accept SecureLife Plus applications where a Third Party Payor is involved and the applicant is age 30 or older. We do accept such applications if the Payor is a spouse, business, or business partner. If the Proposed Insured ranges from ages 0 to 29, we will allow a Parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and criminal records check, will be involved for many of these applications; particularly for those applications where the Proposed Insured ranges from ages 25 to 29.

New Business Tips

Application Submission

New applications may be submitted to the Home Office by scanning, faxing, or mailing. Please refer to the Marketing Sales section of Company website for instructions on AppScan & AppFax under the “Transmit Apps” tab. If the application is scanned or faxed, be sure to transmit any and all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the eCheck procedure (please refer to the Marketing Sales section of Company website for instructions on eCheck under the “eCheck Procedures” tab); otherwise you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured’s name on the cover sheet.

Important

Incomplete or unsigned applications will be amended or returned for completion. Please make sure that all blanks are filled in and the application has been reviewed and signed by the Owner and Proposed Insured. Also, remember to include your agent number.

Speed Up Your Turnaround Time!

Practice these simple guidelines

BEFORE asking any health questions stress the importance for ‘truthful and complete’ answers, including tobacco usage that will ‘match’ information already in the Proposed Insured’s medical records, national prescription database, MIB, etc.

If Proposed Insured answers “Yes” to any health question, such as High Blood Pressure, Cholesterol or Diabetes get full details. Ask the following information: age at onset, name all medications, applicant’s last reading and how often is the problem checked, name of doctor treating condition, date last seen, etc. THE MORE COMPLETE INFORMATION you can provide on the application significantly REDUCES the need to order medical records or an interview ... and speeds up issues!

Practice Good Field Underwriting or...

An agent with a history of submitting applications with Non-Admitted medical information will likely receive special attention when their applications are reviewed by the Underwriting Department. That agent’s Proposed Insured will receive a phone interview and/or medical records will be requested until the underwriters believe that agent has corrected their field underwriting problems.

Agents need to stress to the Proposed Insured the necessity for complete and truthful answers to all questions on the application before asking the health questions, including tobacco use.

Field Underwriting Impairment Guide

The information in this guide should be used to assist agents in determining whether to submit life insurance applications but is not intended to represent specific risk decisions or guarantee acceptance in any manner.

Generally Accepted Risks – the following is a list of impairments that are generally accepted for underwriting consideration at Standard Underwriting Rates.

Adhesions – surgically corrected

Allergies

Amputation – traumatic, only one limb, no complications

Arthritis – unless severe, rheumatoid, or with spine involvement

Asthma – mild or seasonal

Back Sprain – strain, including mild whiplash, not chronic

Bell's Palsy – single episode, no residuals

Brain Concussion – mild, no surgery, no residuals, six months since injury

Breast Disease – benign, fibrocystic, cystic mastitis, mammary dysplasia, fibroadenoma, no immediate family members with breast cancer

Bronchitis – acute

Bursitis

Carpal Tunnel Syndrome

Cataract

Congenital Kidney Absence – incidental discovery, no history of kidney or urinary tract disorders

Cysts – sebaceous, ganglion, pilonidal

Deafness

Deviated Septum

Disc Disorders (spinal) – herniated, slipped, mild not chronic

Diverticulitis – no complications

Encephalitis – post infectious or viral, recovered three months, no residuals

Esophagitis – due to GERD, not alcohol abuse, no dysplasia, no complications

Fractures – except skull, fully recovered

Gallstones

Gastritis – not due to alcohol abuse, no complications

Glaucoma

Goiter – except severe, uncontrolled

Headaches / Migraines – unless chronic or disabling

Hypertension – treated, well controlled by medication, average readings in past two years not exceeding 140/90

Hypothyroidism

Intestinal Obstruction – operated, recovered six months

Keratosis

Kidney Stone – infrequent, no complications

Labyrinthitis

Meniere's Disease

Meningitis – acute bacteria or viral, recovered six months, no residuals

Mitral Valve Prolapse – no greater than slight murmur

Osteochondritis

Osgood-Schlatter's Disease

Osteoporosis

Otitis Media

Otosclerosis

Ovarian Cyst – confirmed benign

Pancreatitis – acute, single episode, no alcohol abuse, recovered six months

Peptic Ulcer Disease – controlled, no complications

Pericarditis – acute, single episode, recovered six months

Phlebitis – single episode, recovered two months

Pleurisy – single episode, fully recovered

Pneumonia – recovered

Pneumothorax

Proctitis

Prostatitis, Benign Prostatic Hypertrophy – with normal PSA and urinalysis

Pyelitis – single episode, recovered

Rheumatic Fever – single episode, recovered, no residuals

Sinusitis

Temporomandibular Joint Syndrome (TMJ)

Tendonitis

Tenosynovitis

Urinary Tract Infection

Uterine Disorders – dysmenorrhea, amenorrhea, D&C, fibroids

Vaginitis

Varicose Veins – except with stasis dermatitis or ulcerations

Field Underwriting Impairment Guide

Generally Rated or Declined Risks – the following is a list of impairments that are generally Rated (R) or Declined (D) when given underwriting consideration.

Alcohol Abuse – current (D)

Cancer – breast, colon, lung, melanoma, ovarian, prostate (R-D) depending on stage, grade and time since diagnosis and successful treatment

Coronary Artery Disease (R-D) – with diabetes (D)

Depression – major (R), manic-depression / bipolar (R), recent hospitalization, suicidal tendency or attempt (D)

Diabetes – uncontrolled (D), controlled with coronary artery disease (D)

Emphysema (R) – with tobacco use (D)

Enlarged Heart (R)

Heart Attack (R-D) – depending on recency

Hepatitis – chronic, active, symptomatic (R-D)

HIV / AIDS (D)

Obesity – morbid (greater than 100 lbs overweight) (R-D)

Pancreatitis – chronic (R-D)

Status Asthmaticus (D)

Stroke (R-D) – depending on recency

